

O'Connor & Associates
SURVEY

NAME Virginia Johnson

~ Thank you for your time in completing this 5 - question survey. This will only take 10 minutes.
Please return it in the postage-paid envelope provided at your earliest convenience. ~

Although you are in the pending phase of your policies/accounts being set up, please describe:

1) Your experience in dealing with me and my office up to this point:

GOOD

2) Your top three reasons for purchasing your Annuity Contract and/or Life Insurance Contract and/or Long Term Care Contract:

SAFETY OF MY FINANCES

3) Do you feel as though your children will not only benefit from the planning we have done, but will appreciate it as well? Why or why not?

YES - THEY HOPEFULLY WILL NOT HAVE TO WORRY ABOUT MY FINANCES AS I GET OLDER.

4) Do you feel as though you could recommend my work to those you care most about? Why or why not?

YES - YOU SEEM TO REALLY CARE ABOUT YOUR CUSTOMERS PERSONALLY.

5) If needed in the future, could I use your name as a client reference should a prospective client inquire references from me.

YES